Commercial/Industrial: Addition, Remodel, Interior Work, or Accessory Structure

Application

A complete application and <u>ALL</u> required attachments are to be submitted prior to review.

Fees

Fees are paid when the building permit has been issued and is ready to be picked up.

❑ Building Permit Fee
  ➢ Remodel or Interior Work: $75 base fee plus $0.10/square foot of floor area
  ➢ Additions: $0.10/square foot of floor area, minimum $140
  ➢ Accessory Structure: $0.10/square foot of floor area, minimum $140

Submittal

Applications can be submitted electronically to wpcstaff@whitestown.in.gov. The application and one copy of each of the attachments must be merged into one single pdf attachment. Applications may also be dropped off at the Whitestown Utility Office, 6999 Lexington Circle, Zionsville, IN 46077.

❑ Application for Improvement Location Permit.

❑ Tax Parcel ID #: This number is required on the permit application and can be found on the Boone County GIS website at www.boonecounty.in.gov.

❑ Certified Site Plan (two hard copies)

❑ Erosion Control Plan (two hard copies)

❑ Copy of approved Development Plan and Development Commitments (if approved by Boone County) (two hard copies)

❑ Construction Plans (two hard copies)

❑ Copy of State Release and approved plans

❑ HVAC, Plumbing, and Electrical Layout (two hard copies)

❑ Proof of Sewer Service (if applicable) – obtain from applicable utility. Enter permit number on application.

❑ Proof of Water Service (if applicable) - obtain from applicable utility. Enter permit number on application.

❑ Drainage Permit - Boone County Surveyor: 116 W Washington Street, Room 102, Lebanon, IN 46052, (765) 483-4444. Enter permit number on application.

❑ Driveway Permit (if applicable).
  o Local Roads: Town of Whitestown, 6999 Lexington Circle, Zionsville, IN 46077, (317) 733-8584
  o County Roads: Boone County Highway Dept, 1955 Indianapolis Avenue, Lebanon, IN 46052 (765) 482-4550
  o State Roads: State Highway Department, P.O. Box 667, Crawfordsville, IN 46933 (765) 362-3700

Inspections

The permit holder is required to call in for all applicable inspections. Failure to obtain all applicable inspections could result in a zoning violation. Call (317) 313-7327 at least 48 hours in advance to schedule an inspection. There is a $120 re-inspection fee for failed inspections that must be paid prior to Final Inspection.

For Office Use Only

Permit #:

Fee:

Date Issued:

Whitestown Building Permit Application

Commercial/Industrial Accessory Structure, Addition, or Remodel

Application is hereby made for a permit to improve the premises as shown in the accompanying plans and specifications, which are made a part of this application in reliance upon which the Town of Whitestown is requested to issue an improvement location permit. It is understood and agreed by this Applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this Applicant, such as might or would operate to cause refusal of this application, or conditional approval thereof, or any material alteration or change in the accompanying plans, specifications or improvements subsequent to the issuance of a permit in accordance with the application, without the approval of the Town of Whitestown shall constitute sufficient ground for the revocation of this permit.

Date of Application: **Sewer Permit #:**   **Drainage Permit #:**

Name of Applicant:

Address of Applicant:

Contact Person for the Permit:

Contact Phone: **Contact Mobile:**

Name of Contractor:

Address of Contractor:

Contact Person: **Contact Phone:**

Address of Location to be Improved:

Subdivision: **Section #:**   **Lot #:**

Tax Parcel ID#:

TOTAL Structure Size or Affected Area(sqft):

Type of Structure: _____ Accessory Structure   _____Addition   _____Remodel

Approximate Construction Cost:

The undersigned represents that such work shall start within 90 days and will be completed without delay; that said improvements will be finished in a good workmanlike manner. Should said work not start in good faith within 90 days, the undersigned understands this application will be void and of no force or effect whatever. The above information, to my knowledge and belief, is true and correct:

Signature of Applicant:_____